

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

**40/519779**

<b>1 Date of Request:</b> _____		<b>2 Serial/Patent #</b> _____	
<b>3 Please refund the following fee(s):</b>		<b>4 PAPER NUMBER</b>	<b>5 DATE FILED</b>
	Filing		\$
	Amendment		\$
	Extension of Time		\$
	Notice of Appeal/Appeal		\$
	Petition		\$
	Issue		\$
	Cert of Correction/Terminal Disc.		\$
	Maintenance		\$
	Assignment		\$
	Other		\$
		<b>7 TOTAL AMOUNT OF REFUND</b>	
		\$	
		<b>8 TO BE REFUNDED BY:</b>	
		Treasury Check	
		Credit Deposit A/C #:	
		<div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">9</span> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 10%; text-align: center;">--</div> <div style="width: 40%;"></div> </div> </div> </div>	
<b>10 REASON:</b>			
	Overpayment		
	Duplicate Payment		
	No Fee Due (Explanation):		
<b>11 REFUND REQUESTED BY:</b>			
TYPED/PRINTED NAME: _____		TITLE: _____	
SIGNATURE: _____		<small>Regin. PHONE 28/2885 PKIDWELL 0018510200</small> <small>DHR: 1/2/25 Name/Number: 10519779</small> <small>PLS 9244 \$500.00 CR</small>	
OFFICE: _____			
*****			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: _____		DATE: _____	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**